

**APPLICATION FOR EMPLOYMENT**

Please complete the application in full. Resumes may be attached but NOT as a substitute. Only applications that are complete, legible and signed will be considered. Please print all information requested except signature.

**PERSONAL INFORMATION**

Position Applying For:		Date of Application:	
Name (Last, First MI)		SSN	
Present Address		How Long?	
Number	Street	City, State	Zip Code
Home Phone ( ) -	Cell or Alternate Phone ( ) -		E-mail Address (Optional)
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe functions that can not be performed:	Driver's License # and State of Issue:	Are you a U.S. citizen or otherwise authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Desired (Check Two Only) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp Shift <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	Days Available For Work <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> No Preference How did you hear about us:	Location Desired <input type="checkbox"/> Ft. Lowell / Main <input type="checkbox"/> Broadway / Eastside	
Have you ever been employed by Southern Arizona Veterinary Specialty and Emergency Center before?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates below	
Do you have any relatives employed by Southern Arizona Veterinary Specialty and Emergency Center?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name/relationship	
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below: _____ _____ _____			

**EDUCATIONAL BACKGROUND**

School (include City and State)	Years Completed	Completed	GPA	Major / Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification		

**REFERENCES**

Please list 3 business / work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TITLE	RELATIONSHIP	TELEPHONE	YEARS KNOWN
			( ) -	
			( ) -	
			( ) -	

## PRIOR WORK EXPERIENCE

NAME OF EMPLOYER / COMPANY	SUPERVISOR NAME	EMPLOYMENT DATES	SALARY
		FROM TO	\$ <input type="checkbox"/> HR <input type="checkbox"/> YR
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	YOUR LAST JOB TITLE	REASON FOR LEAVING	MAY WE CONTACT?
( ) -			<input type="checkbox"/> YES <input type="checkbox"/> NO
List the duties you performed, skills used or learned, supervisory or promotions while you worked at this company.			

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		FROM TO	\$ <input type="checkbox"/> HR <input type="checkbox"/> YR
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	YOUR LAST JOB TITLE	REASON FOR LEAVING	MAY WE CONTACT?
( ) -			<input type="checkbox"/> YES <input type="checkbox"/> NO
List the duties you performed, skills used or learned, supervisory or promotions while you worked at this company.			

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ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	YOUR LAST JOB TITLE	REASON FOR LEAVING	MAY WE CONTACT?
( ) -			<input type="checkbox"/> YES <input type="checkbox"/> NO
List the duties you performed, skills used or learned, supervisory or promotions while you worked at this company.			

## APPLICANT STATEMENT

<ul style="list-style-type: none"> <li>&gt; I certify that information contained in this application is true, correct, and complete.</li> <li>&gt; I expressly authorize, without reservation, Southern Arizona Veterinary Specialty and Emergency Center (SAVSEC) and any of its agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding SAVSEC any of its agents for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.</li> <li>&gt; I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without cause or notice. I also understand that (1) SAVSEC has a drug and alcohol policy that provides for pre-employment drug testing as well as a random testing after employment; (2) my consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further authorize SAVSEC to complete a criminal background check.</li> <li>&gt; I further understand that my employment with SAVSEC will, at all times, be "at will", which means that the relationship may be ended by either myself or the company at any time, even without cause.</li> <li>&gt; Southern Arizona Veterinary Specialty and Emergency Center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age, or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.</li> </ul> <p>Thank you for completing this application form and for your interest in employment with SAVSEC.</p>	
Signature of Applicant	Date